



State of Nevada Victims of Crime Program

Police Report Verification - DUI

Submit this form if crime report cannot be released or to supplement crime report.

Victim Information

Victim Name:	Victim DOB:	VOCP Claim #
Event #		Crime/Accident Date:
Crime/Accident Location:		

DUI Crime Information: (Completed by Law Enforcement Officials Only)

Date of Crime/Accident:	Date Crime/Accident Reported:
Were Charges Filed or an Arrest Made: <input type="checkbox"/> Yes If Yes, describe charges: <input type="checkbox"/> No If No, please explain:	
Did the Victim <i>Cooperate</i> with Police? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	
Was the Victim <i>Innocent</i> of wrongdoing? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	
Was the Victim physically <i>Injured</i> ? <input type="checkbox"/> Yes If Yes, describe injuries: <input type="checkbox"/> No	
Were the offenders driving abilities impaired by alcohol or drug intoxication? <input type="checkbox"/> Yes If Yes, describe: <input type="checkbox"/> No	
What evidence is there that the offender was intoxicated? <input type="checkbox"/> BAC or Drug Test, Results: <input type="checkbox"/> Roadsides, Results: <input type="checkbox"/> Observations, Describe:	

I am a Law Enforcement Official familiar with the facts of the crime referred to above.

The information provided herein is true and accurate to the best of my information and belief.

Authorized Signature:	Print Signers Name:	Rank or Title:
Date:	Tele:	Email:

Mail to: VOCP P O Box 94525 Las Vegas, NV 89193-1525	Fax to: (702) 458-5586	Scan and email to: applications@voc-net.com
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